

State of Vermont**Department of Health**

Office of Public Health Preparedness

Emergency Medical Services & Injury Prevention

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Application must be postmarked
by applicant's expiration date –
faxed copies will not be accepted
for processing.

Vermont EMS Certification Extension Request Form****** PLEASE FILL OUT BOTH SIDES ******

I am formally requesting a 6 month extension of my Vermont EMS certification as an:

☐

ECA / First Responder-ECA

☐

EMT-Basic

☐

EMT-Intermediate

I understand that an extension is granted only in the event that I cannot complete the recertification process before my certification expires. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form. I further understand that an extension **WILL NOT** be granted if:

- 1) This application is received by the EMS Office after my certification has expired. Postmarked date must be on or before the date of the applicant's expiration date.
- 2) I am requesting an extension in order to have more time to get continuing education;
- 3) I have yet to take the Vermont certification exam because my certification was obtained through legal recognition of certification or licensure from another state;
- 4) I am requesting an extension for the purpose of re-testing the written exam or practical skills verification; or
- 5) I am already currently on a six-month extension.
- 6) The application is faxed. Faxed copies are not acceptable. Original applications must be mailed to the office and the postmarked date must be on or before the date of the applicant's expiration date.
- 7) **I have not completed and signed both sides of this Extension Application Form.**

NAME: _____

ADDRESS: _____

Home phone: _____ Work phone: _____

Cell Phone: _____ Email: _____

EMS#: _____ Expiration date: _____

Affiliation: _____ Last Exam Date: _____

I am requesting this extension for the following reason:

Signature: _____ Date of Request: _____

* * * * *

FOR OFFICE USE ONLY

Date Received: _____ Verified: _____

Extension Granted: YES NO



Please answer the following questions

Since the last time you applied for certification or recertification:

(CIRCLE ONE)

- YES NO Are you currently illegally using drugs or have you only recently stopped illegally using drugs? {EMS Rules 11.1602}
If yes, please explain: _____
- YES NO Have you ever been convicted of a crime or crimes (misdemeanor or felony)?
{EMS Rules 11.14}
If yes, have you previously disclosed your crime conviction or convictions to the
EMS Office? YES NO If yes, date disclosed _____
If no, please explain: _____
- YES NO Have you ever had an action taken against any professional license or certification that
you have held in Vermont or elsewhere? {EMS Rule 11.16}
If yes, please explain: _____
- NO YES Are you free of obligation to pay child support or are in good standing with respect to or
in full compliance with a plan to pay any and all child support {15 V.S.A. Section 795}
If no, please explain: _____
- NO YES Are you in good standing with respect to or in full compliance with a plan to pay any and
all taxes due {32 V.S.A. Section 3113}
If no, please explain: _____
- NO YES Are you free of obligation to pay unemployment compensation contributions or are you
in good standing with respect to or in full compliance with a plan to pay any and all
unemployment compensation contributions? {21 V.S.A. Section 1378}
If no, please explain: _____

NOTE: The Department of Health will not automatically disqualify applicants based solely upon their answers, but may request additional information. Contact the EMS Office if you are unsure how to answer these questions.

I attest the information contained in this (re)certification application is correct and factual. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my certification to conditions, suspension, revocation or denial. I further attest that I have read and understand all information regarding (re)certification and (re)certification examinations contained in this application. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

Applicant's signature

Today's Date

Your Date of Birth

Applicant's name (printed neatly)